

DIVISION OF CEMETERIES

STATE OF NEW YORK
DEPARTMENT OF STATE
ONE COMMERCE PLAZA
99 WASHINGTON AVENUE
ALBANY, NY 12231-0001
TELEPHONE: (518) 474-6226
FAX: (518) 473-0876
[HTTPS://DOS.NY.GOV](https://dos.ny.gov)

KATHY HOCHUL
GOVERNOR

CEMETERY BOARD
ROBERT J. RODRIGUEZ
SECRETARY OF STATE
CHAIR

LETITIA JAMES
ATTORNEY GENERAL

MARY T. BASSETT, M.D., M.P.H.
COMMISSIONER OF HEALTH

DEPARTMENT OF STATE - DIVISION OF CEMETERIES

MEMORANDUM

TO: New York State Cemetery Board

FROM: Michael Seelman, Investigator II

SUBJECT: Frederick Brothers Crematory, #23-053

RE: Replacement of Retort

DATE: November 17, 2022

Exhibits

- a) Report of Division Senior Accountant Christopher Cosco, with attachments
- b) Application from Frederick Brothers Crematory
- c) Purchase agreement for new retort
- d) Board minutes approving the new retort
- e) Conflict of interest policy

Introduction and Recommendation

Frederick Brothers Crematory of the town of Theresa, Jefferson County, has applied for Cemetery Board approval of a cemetery renovation pursuant to 19 NYCRR Section 201.16 for the replacement of a crematory retort. The facility is seeking to replace its 1984 Crawford C1000 cremation unit with a Keller Manufacturing KMH 1100-200 Cremation Unit. The crematory wishes to replace this unit for several reasons: the increased efficiency of a new unit; the increasing cost of maintaining the older unit; the ability to cremate larger remains and, most importantly, the recently enacted DEC regulations which will render its current unit obsolete and not eligible for use in New York. The cost of this project is estimated to be \$104,000.

I recommend approval of this project

The Crematory

Frederick Brothers Crematory is a grandfathered combination crematory located at Frederick Brother's Funeral Home, there are no burials, entombments or lot owners. It is one of two crematories in Jefferson County, the other being Brookside Cemetery located 21 miles away in Watertown. The crematory completed 484 cremations in 2020 and 462 cremations in 2021. The statewide trend indicates that the cremation rate is increasing and will continue to increase in the future. Currently, the crematory has the 1984, C1000 that they plan to replace and a 1991 C1000 that they will continue to operate.

The New Unit

The crematory proposes purchasing and installing a Keller KMH 1100-200 Cremation unit in place of the existing Crawford C1000 cremator. This unit is rated at 200 pounds per hour and any increase in capacity will be incidental.

Compliance with 19 NYCRR Section 201.16

With regard to 19 NYCRR Section 201.16, the crematory has provided the following response:

- 1) *Whether the alteration will result in or avoid the destruction, damage to, modification or interference with existing graves and markers, crypts, mausoleums, roadways, and pathways:* The retort replacement will take place inside an existing crematory building and there are no graves, markers, crypts, mausoleums, roadways or pathways.
- 2) *The location, design and duration of the major alteration:* The new retort will be located in the same position of the previous retort. The crematory anticipates that the replacement will take no more than 48 hours and the crematory will remain during that time.
- 3) *The financial impact on the applicant:* The new unit is expected to cost approximately \$95,000, the projected total cost will be \$104,000 with installation. The attached report by Division Senior Accountant Cosco provides more analysis of the financial aspects of this project.
- 4) *Whether the alteration will interfere with the lots or the interests of the lot owners:* This facility is a standalone crematory that does not have any lot owners..
- 5) *Whether the alteration will be appropriate for cemetery purposes:* This replacement is prudent but also necessitated by the expected changes in DEC regulations which would render the current retort unusable. Installation of a new machine will allow the facility to operate more efficiently and in a more environmentally responsible manner.
- 6) *Whether the alteration will have an adverse impact on the surrounding community:* The crematory does not anticipate any impact on the surrounding community.
- 7) *Whether the alteration will have the potential to adversely affect the public health and safety, the environment or natural resources:* The crematory does not anticipate any adverse impact of the project, and in fact, the new retort's increased efficiency will provide a net benefit to the community.

Recommendation

The replacement of this outdated retort is necessary for continued operation and modern equipment will operate with increased efficiency and reduced emissions. I recommend approval of this application.

EXHIBIT A

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TO: LEWIS POLISHOOK and NEW YORK STATE CEMETERY BOARD

FROM: CHRIS COSCO, SENIOR ACCOUNTANT
KERRY FOREZZI, ASSOCIATE ACCOUNTANT

SUBJECT: FREDERICK BROTHERS CREMETORY, # 23053

RE: RETORT REPLACEMENT

DATE: DECEMBER 19, 2022

SUMMARY

To comply with NYS DEC requirements, this stand-alone crematory submitted an application to replace an aging and inefficient retort with a new unit that will significantly reduce harmful emissions.

COSTS

| | |
|-----------------|---|
| \$95,000 | Retort Unit |
| \$ 9,000 | Installation (transport, crane, riggers, welder, electrician) |
| <u>\$ 3,026</u> | Interest for loan (see next paragraph for details) |
| \$107,026 | TOTAL |

FINANCING

The entire cost of \$107,026 will be paid using the crematory's general fund. The crematory will pay \$47,500 up front and will repay the owner of the funeral home for his deposit of \$47,500 plus 6% interest over two years (\$3,026). The 6% rate is less than the areas local banks interest rate of 7.5%. The crematory will pay the \$9,000 installation costs directly.

Payment Terms for loan:

Loan Amount \$47,500
Monthly Payment: \$2,105.23
Number of payments: 24, commencing November 2022 (*proof of 1st payment received*)
Total interest paid: \$3,025.50
Total Repayment: \$50,525.50

General Fund Balance, as of 11/30/2022:

| | |
|--------------------|--|
| \$16,092.98 | Checking |
| <u>\$81,429.36</u> | Savings |
| \$97,522.34 | TOTAL |
| <u>-56,500.00</u> | Balance of retort (\$47,500) and installation (\$9000) |
| \$41,022.34 | Balance forward |



Department
of State

The crematory realized an operating surplus in each of the last two years which is expected to continue. The total cost of this project will not put the crematory operations at risk of continuing and it will have a sizeable remaining balance in its general fund.

INCOME

The retort is being replaced entirely due to the NYS DEC requirement. It is not expected to increase the crematory's production or revenue. There is no anticipated return on investment for the equipment, however, the crematory operating expenses will be \$2,000 less per month for its space lease, which will begin to have an impact on its bottom line in Year 3 when the above-mentioned loan is paid in full. The crematory will likely save money on repairs to the aging inefficient retort and use slightly less fuel but has not been asked to quantify those savings.

RELATED PARTY ISSUES

In reviewing the application, several issues regarding the relationship between the crematory and the affiliated Frederick Brothers Funeral Home and its owners came under scrutiny, most notably lease payments paid to the funeral home, and ensuring the payment terms for the new retort were in the best interests of the crematory. The crematory's board has acted to address these issues, as summarized below.

| Area of Concern | Before | After discussions |
|---|--|--|
| Related Party involvement: the owners of the funeral home are also officers on the cemetery board | No compliance with related party statutes, no conflict of disclosure policy was presented when asked. | Conflict of interest policy was adopted and complied with for this transaction. |
| Trustees | No disinterested parties on the board; the only 3 trustees were related. | The crematory recruited at least one new disinterested board member and is in the process of recruiting more. |
| Financing | The owner of the funeral home was going to pay for the project entirely, then include its value in the lease agreement to the funeral home, then sub-lease to the crematory. | The crematory will pay for the retort using its general fund and repay the owner of the funeral home for the deposit already made on its behalf. The crematory will maintain 100% ownership of the retort. |
| Lease | The crematory lease for space included older retorts (circa 1984 & 1991) that had exhausted its useful life and market value; the crematory was essentially paying for that equipment into perpetuity. Monthly rent \$8000 plus \$125 per cremation for labor. | A new lease was negotiated that didn't include standard crematory operating equipment. The crematory obtained a professional opinion about going market rates for business rental space. Monthly rent \$6000 plus \$150 per cremation for labor. |

RECOMMENDATION

Approval. The crematory has sufficient funds to finance the purchase as arranged regardless of any corporate restructurings that may occur. It needs to comply with DEC requirements. The existing retort is inefficient and requires high maintenance and repair costs.

New York State Department of State
Division of Cemeteries

| | | |
|---|--|--|
| Board Application- Accountant Review Checklist | | |
| Cemetery Name: | Frederick Brothers Crematory Inc. | |
| County: | Jefferson | |
| NYS ID# | 23053 | |
| Purpose: | Installation of replacement retort | |
| Cost: | \$107,026: \$95,000 for unit, \$9,000 installation, financing cost of \$3,026. | |
| Prepared by: | Chris Cosco and Kerry Forezzi | |
| Date: | 12/5/2022 | |
| Review Areas | Response | Comments |
| Project Funding | | Frederick Brothers Crematory will pay \$47,500 from its general fund for the unit plus \$9,000 installation. The owner of the affiliated Frederick Brothers Funeral Home already paid the deposit of \$47,500 which will be repaid by the crematory at 6% interest over two years which would equal simple interest of \$3,026. Monthly payments will be \$2,105.23. General Fund balance as of 11/30/2022 - \$97,522. |
| Schedules A/B/C reviewed? | yes | no Sch B. |
| Is there an expected return on investment? | no | NYS DEC requires the replacement due to harmful emissions in the existing unit. The unit is not intended to increase production. |
| Does the cemetery have a conflict of interest policy? | yes | Provided as part of application. |
| Are there any conflicts of interest in this project? | yes | Sch C was provided. Frederick Brothers Funeral Home owns facility and equipment and is paid through a lease agreement. After Division intervention, the Crematory now has a Conflict of Interest policy and recruited new disinterested Trustees. |
| Is this a related party transaction? | yes | The owners of the Funeral Home originally intended to own the retort and lease it to the crematory. After Division intervention, the crematory will now own the retort eliminating the concern of paying into perpetuity. |
| Annual Reports up to Date | yes | |
| Vandalism and Assessment payments current? | yes | |
| Operates at a surplus? | | Four year analysis shows surplus in last 2 years, deficit in 2 years preceding that |
| Permanent Maintenance Deficit? | no | |
| Permanent Maintenance Loan? | no | |
| Date of last Division Audit | Response | 2/3/2015 |
| Does the Cemtery have a minimum of three active trustees? | yes | At least one disinterested trustee was added since the time of application. The crematory is recruiting 2-3 more. |
| Does the cemetery advertise and hold annual lot owner meetings? | no | There are no lot owners. Corporate meetings are held as necessary. |
| Does the cemetery carry commercial crime insurance? | yes | |
| Are service fees approved? | yes | |
| Are there any major unresolved concerns identified in last audit? | no | |
| Recommendation | Approve | Crematory has sufficient funds to pay for the retort. Given NYS is requiring these units to be replaced to remain compliant with DEC regulation and the crematory will realize costs savings due to the increased efficiency of the newer unit, it is recommended that the board approve this application. |



Division of Cemeteries

Department of State
DIVISION OF CEMETERIES
One Commerce Plaza
99 Washington Avenue
Albany, NY 12231-0001
Telephone: (518) 474-6226
www.dos.ny.gov

SCHEDULE A – INCOME AND EXPENSES AND FUND BALANCES

For any income or expense category where there is a significant increase or decrease in income or expenses, please provide a brief explanation. Not all cemeteries will have income and expenses in all of these categories

| | | | | |
|---|--|---|--|--|
| Cemetery Name | | New York State Cemetery Five Digit ID Number — | | |
| YEAR ENDING (enter last date of year reporting for each column, i.e. 12/31/20) | | | | |
| SIZE AND INVENTORY | | | | |
| Acres-Total | | | | |
| Acres-Developed | | | | |
| Acres-Developed and Available | | | | |
| BURIALS AND LOT SALES | | | | |
| Burials cremations | | | | |
| Number of lots (graves, crypts, niches) sold | | | | |
| INCOME (RECEIPTS) | | | | |
| Lots and grave sales | | | | |
| Interment fees | | | | |
| Foundations | | | | |
| Dividends and interest | | | | |
| Donations | | | | |
| Other-specify; | | | | |
| attach additional sheet(s) as needed | | | | |
| Other-specify; | | | | |
| attach additional sheet(s) as needed | | | | |
| Other-specify; | | | | |
| attach additional sheet(s) as needed | | | | |
| TOTAL RECEIPTS | | | | |

SCHEDULE A – INCOME AND EXPENSES AND FUND BALANCES

| | | | | |
|--|--|--|--|--|
| Cemetery Name | | New York State Cemetery Five Digit ID Number | | |
| YEAR ENDING | | | | |
| EXPENSES (DISBURSEMENTS) | | | | |
| Employee Wages | | | | |
| Independent Contractor Grave Openings | | | | |
| Independent Contractor Maintenance and Mowing | | | | |
| Salaries of Officers | | | | |
| Supplies and Repairs | | | | |
| Equipment | | | | |
| Insurance – General Liability | | | | |
| Workers Compensation | | | | |
| Commercial Crime/ Employee Dishonesty | | | | |
| Vandalism and Assessment Fee | | | | |
| Other – specify; | | | | |
| attach additional sheet as needed | | | | |
| Other – specify; | | | | |
| attach additional sheet as needed | | | | |
| Other – specify; | | | | |
| attach additional sheet as needed | | | | |
| TOTAL DISBURSEMENTS | | | | |
| OPERATING SURPLUS (LOSS) | | | | |
| INTER-FUND TRANSFERS | | | | |
| Transfers To Operating Account | | | | |
| From permanent maintenance fund (retained income from previous years) | | | | |
| From other funds (i.e., perpetual care, special, bequests, pre-need, etc.) | | | | |
| TOTAL TRANSFERS FROM OTHER FUNDS TO OPERATING ACCOUNT | | | | |
| Transfers From Operating Account | | | | |
| To permanent maintenance fund | | | | |
| To other funds (i.e., perpetual care, special, bequests, pre-need, etc.) | | | | |
| TOTAL TRANSFERS FROM OTHER FUNDS FROM OPERATING ACCOUNT | | | | |

SCHEDULE A – INCOME AND EXPENSES AND FUND BALANCES

| | |
|---------------|--|
| Cemetery Name | New York State Cemetery Five Digit ID Number |
|---------------|--|

| YEAR ENDING | | | | |
|---|--|--|--|--|
| FINANCIAL ASSETS (FUND BALANCES) | | | | |
| General Fund | | | | |
| Permanent Maintenance Fund | | | | |
| Perpetual Care | | | | |
| Special Trust | | | | |
| Other | | | | |
| TOTAL FINANCIAL ASSETS | | | | |
| PER ACRE ANALYSIS` | | | | |
| Total Income Per Developed Acre | | | | |
| Total Expense Per Developed Acre | | | | |
| Net Income (Loss) Per Developed Acre | | | | |
| Funds Per Developed Acre | | | | |

Permanent Maintenance Loan

| | |
|----------------------|--|
| Approved Date | |
| Original Loan Amount | |
| Current Balance | |

NOTES:

EXHIBIT B



Division of Cemeteries

New York State
Department of State
DIVISION OF CEMETERIES
One Commerce Plaza
99 Washington Avenue
Albany, NY 12231-0001
Telephone: (518) 474-6226
<https://dos.ny.gov>

APPLICATION FOR APPROVAL OF A MAJOR ALTERATION

BASIC INFORMATION

| | | | |
|--|--------------------------------|--|-------------------|
| Cemetery Name Frederick Bros., Crematory, Inc. | | New York State – Cemetery Five Digit ID Number 23 — 053 | |
| Location of Cemetery: Street Address 38422 State Route 37 | | | |
| City Theresa | or Town and Village Theresa | NY | Zip Code 13691 |
| Contact Person Name: Julie Frederick | | Title Secretary | |
| Phone Number 315-783/1814 | Email jfred37@aol.com | Date Form Completed 12/02/2022 | |
| Cemetery Total Acres: 0 | Cemetery Developed Acres: 0 | Cemetery Acres Sold: 0 | |
| Does the cemetery have certificates of indebtedness or land shares? (This is not common) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |

PROJECT DESCRIPTION

Explain the purpose of the project and why it is in the cemetery's best interests.
The crematory wishes to replace one of its cremation units with a new one. The old unit is 38 years old. The new unit will be more environmentally friendly and will meet the new guideline which will become effective soon.

APPLICATION FOR APPROVAL OF A MAJOR ALTERATION

Major alteration means: a project for which an environmental assessment form (EAF) is prepared or required; an activity which can reasonably be expected to have a substantial and adverse impact on the adjacent community, the lots or the lot owners of the cemetery, including: demolition; stockpiling materials; grading and other forms of earthwork; dumping, filling or depositing of any material; excavation or trenching; dredging; removal of soil; flooding or draining; or paving or construction of buildings, structures or facilities.

Major alterations do not include construction of mausoleums, columbariums, or lawn crypts; use the forms found at <https://dos.ny.gov/cemetery-operators#forms> for applications concerning those projects. Some mausoleum, columbarium, or lawn crypt projects also involve major alterations (e.g., installing lawn crypts where there will be significant regrading and installation of drainage). For those projects, please submit this major alteration form and the appropriate form for that type of project.

Will the alteration include any of the following activities?

- | | | |
|------------------------------|--|--|
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Environmental Assessment Form |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Demolition |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Stockpiling materials |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Building construction |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Grading and other forms of earthwork |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Dumping, filling or depositing of any material |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Excavation or trenching, dredging or removal of soil |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Flooding or draining |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Paving or construction of buildings, structures or facilities (note: paving does not include sealing or putting a top coat on existing paved surfaces) |

If you answered "NO" to all of the questions above, STOP HERE and submit this form by email to cemeteryboardapplications@dos.ny.gov, together with a short (approximately one page) explanation of the project and cost estimate, and await further guidance. If you do not have access to email, please fax or mail a copy to the Division's Albany office. The fax is (518) 473-0876 and the address is on the first page of this form.

If you answered YES to ANY of the questions above, or if directed by the Division of Cemeteries, please complete the rest of this form.

COMPLIANCE WITH NEW YORK STATE CEMETERY BOARD REGULATIONS

How will the alteration avoid the destruction, damage to, modification or interference with existing graves and markers, crypts, mausoleums, roadways and pathways?

The crematory is a stand alone cemetery with no graves, crypts, etc, therefore removing and replacing a cremation unit will have no effect on graves, markers etc. as listed above.

APPLICATION FOR APPROVAL OF A MAJOR ALTERATION

COMPLIANCE WITH NEW YORK STATE CEMETERY BOARD REGULATIONS (Continued)

What is the location, design, and duration of the alteration?

The location of the crematory is at 38422 State Route 37, Theresa, NY 13691

The cremation unit is a model KMH 1100-200 human cremation machine. It is a hot hearth unit. See attached for specifications on the model KMH 1100-200.

The replacement of the cremation unit is expected to last 1-2 days.

Describe the financial impact of the alteration on the cemetery.

The crematory is repaying Jeffrey Frederick for the loan of \$47500 which was paid towards the purchase of a new machine. The Amortization Schedule is attached. The crematory will pay the other \$47500 towards the machine from its general funds. The remainder of the funds will be used for installation of the new unit and maintenance on the other cremation unit. Installation of the unit was estimated in June to be +4000 to transport unit from FL, \$1500 for rental of crane, \$2500 for riggers, \$500 for welder and \$500 for electrician / gas plumber. These were all estimates. We are assuming that the prices now will be higher.

Explain how the alteration will or will not interfere with the lots or the interests of lot owners.

The crematory is a stand alone cemetery with no graves or lot owners

APPLICATION FOR APPROVAL OF A MAJOR ALTERATION

COMPLIANCE WITH NEW YORK STATE CEMETERY BOARD REGULATIONS (Continued)

How will the alteration be appropriate for cemetery purposes?

The current cremation unit is 38 years old and uses dated technology. By replacing the unit the emissions will be greatly reduced and will meet the upcoming new guideline,.

Will the alteration have an adverse impact on the surrounding community? Explain why or why not. If there is such an impact, explain the measures to be taken to minimize that impact.

The replacement of the cremation unit will not have an adverse effect on the surrounding community. The cremation unit, with its new technology will be more efficient and emissions will be reduced resulting in better air quality emissions than before resulting in less impact on the surrounding community,

List all permits required to complete this project, attach copies of permits already obtained and describe the status of permits you have not yet obtained.

Town of Theresa Code Enforcement office Terry McKeever has advised us there are no permits required.

APPLICATION FOR APPROVAL OF A MAJOR ALTERATION

COST

Total Cost of Construction:

\$ 9000 estimated in June 2021

ADDITIONAL REQUIRED DOCUMENTS

- Minutes or resolution of board or lot owners approving the major alteration
- Map of the cemetery with the location of the major alteration indicated
- Rendering or sketch of the major alteration
- Construction budget, including a detailed list of all costs associated with the major alteration
- Is the cost of the project greater than \$ 25,000? ☒ Yes ☐ No If yes, submit a copy of the architect's or engineer's report.
- Copies of any permits received for the project
- A list of lot prices and service fees associated with the major alteration
- Does your cemetery file Form 990 or Form 990-EZ with the IRS? ☒ Yes ☐ No
 - If you file Form 990, attach Part VII, Compensation of Officers, Directors, and Trustees for the last year available
 - If you file Form 990-EZ, attach Part VI for the last year available
 - If you file Form 990-N-Electronic Notice (e-Postcard), no additional document is required
- If you intend to finance the project by borrowing from your permanent maintenance fund, you must also submit a separate "Application for Recommendation for Approval of a Loan or Grant from a Cemetery's Permanent Maintenance Fund," found at <https://dos.ny.gov/cemetery-operators#forms>

REQUIRED SCHEDULES

- Schedule A: summary detailing the last four years of income and expenses and fund balances as reported on your annual report; use the form found at <https://dos.ny.gov/cemetery-operators#forms>.
- Schedule B: anticipated annual revenue and expenses from the project if the project is anticipated to generate revenue; use the form found at <https://dos.ny.gov/cemetery-operators#forms>.
- If you are borrowing money to finance the project from a source other than the cemetery's permanent maintenance fund, attach an amortization schedule (this is not a Department of State form)
- Does the proposed project involve a related party? ☒ Yes ☐ No
 - If yes, please complete Schedule C: Related Party Transactions.
 - A related party is an officer, director, or key person of the cemetery or their relatives, or entities of which these people own a specific percentage. For purposes of applications, entities affiliated with cemeteries (such as funeral entities for grandfathered standalone crematories) are related parties. For more information, please see the New York State Office of the Attorney General's guide to Conflict of Interest Policies available at: https://www.charitiesnys.com/pdfs/Charities_Conflict_of_Interest.pdf.

Frederick Bros. Crematory, Inc.
38422 Nys Rt 37
Theresa, NY 13691-2020

Frederick Bros. Crematory, Inc.:

Enclosed is the organization's 2020 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

Bowers & Company CPAs, PLLC

Frederick Bros. Crematory, Inc.
38422 Nys Rt 37
Theresa, NY 13691-2020

Frederick Bros. Crematory, Inc.:

Enclosed are the original and one copy of the 2020 Exempt Organization return, as follows...

2020 Form 990

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Your tax return will be transmitted electronically to the government once all required e-file signature forms are received by our office.

Your new york form char 500 should be signed, dated, and filed in accordance with the filing instructions.

We recommend that you send the new york char 500 to the taxing authority by certified mail with a request for a return receipt as proof of timely filing.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax returns.

Very truly yours,

Bowers & Company CPAs, PLLC

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

October 31, 2021

| | |
|--|---|
| Prepared for | Frederick Bros. Crematory, Inc. 38422 Nys Rt 37 Theresa, NY 13691-2020 |
| Prepared by | Bowers & Company Cpas PLLC 1120 Commerce Park Drive East Watertown, NY 13601 |
| Amount due or refund | Not applicable |
| Make check payable to | Not applicable |
| Mail tax return and check (if applicable) to | Not applicable |
| Return must be mailed on or before | Not applicable |
| Special Instructions | This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. |

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning **NOV 1**, 2020, and ending **OCT 31**, 20**21****2020**Department of the Treasury
Internal Revenue Service▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization or person subject to tax

Taxpayer identification number

FREDERICK BROS. CREMATORY, INC.**16-1236089**

Name and title of officer or person subject to tax

**JEFFREY FREDERICK
PRESIDENT****Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

| | | |
|---|---|---------------------------|
| 1a Form 990 check here ▶ <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b 202,864. |
| 2a Form 990-EZ check here ▶ <input type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9) | 2b |
| 3a Form 1120-POL check here ▶ <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b |
| 4a Form 990-PF check here ▶ <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part VI, line 5) | 4b |
| 5a Form 8868 check here ▶ <input type="checkbox"/> | b Balance due (Form 8868, line 3c) | 5b |
| 6a Form 990-T check here ▶ <input type="checkbox"/> | b Total tax (Form 990-T, Part III, line 4) | 6b |
| 7a Form 4720 check here ▶ <input type="checkbox"/> | b Total tax (Form 4720, Part III, line 1) | 7b |

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above organization or ☐ I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize **BOWERS & COMPANY CPAS PLLC** to enter my PIN **02358**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

16075723852**Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ **BOWERS & COMPANY CPAS PLLC**Date ▶ **03/01/22**

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2020Open to Public
Inspection

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.**A** For the 2020 calendar year, or tax year beginning **NOV 1, 2020** and ending **OCT 31, 2021****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**FREDERICK BROS. CREMATORY, INC.**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

38422 NYS RT 37

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

THERESA, NY 13691-2020**F** Name and address of principal officer: **JEFFREY FREDERICK****38422 NYS RT 37, THERESA, NY 13691-2020****D** Employer identification number**16-1236089****E** Telephone number**315-628-4451****G** Gross receipts \$ **202,864.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number ▶**I** Tax-exempt status: ☐ 501(c)(3) ☒ 501(c) (**13**) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **FREDERICKBROSCREMATORY.COM****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1984** **M** State of legal domicile: **NY****Part I Summary**

| | | | |
|------------------------------------|------------|---|--|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities: CREMATIONS | |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 2 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 0 |
| | 5 | Total number of individuals employed in calendar year 2020 (Part V, line 2a) | 0 |
| | 6 | Total number of volunteers (estimate if necessary) | 0 |
| | | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 |
| 7b | | Net unrelated business taxable income from Form 990-T, Part I, line 11 | 0. |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | 0. |
| | 9 | Program service revenue (Part VIII, line 2g) | 210,320. |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 125. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 0. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 210,445. |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 0. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0. |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 46,500. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 0. | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 155,019. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 201,519. |
| Net Assets or Fund Balances | 19 | Revenue less expenses. Subtract line 18 from line 12 | 8,926. |
| | 20 | Total assets (Part X, line 16) | 138,933. |
| | 21 | Total liabilities (Part X, line 26) | 6,023. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 132,910. |

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| | | | | | |
|-------------------------------|---|--------------------------------|-------------------------------|---|------------------|
| Sign Here | Signature of officer | | Date | | |
| | JEFFREY FREDERICK, PRESIDENT | | | | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check if self-employed <input type="checkbox"/> | PTIN |
| | KATHRYN PIDDOCK | | 03/01/22 | | P01823852 |
| | Firm's name ▶ BOWERS & COMPANY CPAS PLLC | Firm's EIN ▶ 20-1317788 | | | |
| | Firm's address ▶ 1120 COMMERCE PARK DRIVE EAST WATERTOWN, NY 13601 | | Phone no. 315-788-7690 | | |

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐

- 1**
- Briefly describe the organization's mission:

CREMATIONS

- 2**
- Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
- ☐
- Yes
- ☒
- No

If "Yes," describe these new services on Schedule O.

- 3**
- Did the organization cease conducting, or make significant changes in how it conducts, any program services?
- ☐
- Yes
- ☒
- No

If "Yes," describe these changes on Schedule O.

- 4**
- Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 179,113. including grants of \$) (Revenue \$ 202,820.)
CREMATIONS - PROVIDED CREMATION SERVICES FOR THE YEAR**4b** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)

- 4d**
- Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **179,113.**

Part IV Checklist of Required Schedules

| | Yes | No |
|---|------------|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | 1 | X |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? | 2 | X |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | 3 | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | 4 | |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | 5 | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | 6 | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | 7 | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | 8 | X |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | 9 | X |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> | 10 | X |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | 11a | X |
| b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | 11b | X |
| c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | 11c | X |
| d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | 11d | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | 11e | X |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | 11f | X |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | 12a | X |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | 12b | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | 13 | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | 14b | X |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | 15 | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | 16 | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> | 17 | X |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | 18 | X |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | 19 | X |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | 20a | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | 21 | X |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|-----|----|
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | | X |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | | X |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | | |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | | |
| 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | | X |
| 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | | X |
| b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | | X |
| c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | X | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | | |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | X | |

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

| | Yes | No |
|---|-----|----|
| 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

| | | Yes | No |
|--|-------------|-----|----|
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a 0 | | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | |
| Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X |
| b If "Yes," enter the name of the foreign country ▶ | | | |
| See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | X |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | |
| d If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 Sponsoring organizations maintaining donor advised funds. | | | |
| a Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 Section 501(c)(7) organizations. Enter: | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | |
| 11 Section 501(c)(12) organizations. Enter: | | | |
| a Gross income from members or shareholders | 11a | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | |
| c Enter the amount of reserves on hand | 13c | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | |
| 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? | 15 | | X |
| If "Yes," see instructions and file Form 4720, Schedule N. | | | |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | X |
| If "Yes," complete Form 4720, Schedule O. | | | |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

☒**Section A. Governing Body and Management**

| | 1a | 2 | Yes | No |
|--|-----------|----|-----|----|
| 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | | |
| b Enter the number of voting members included on line 1a, above, who are independent | 1b | 0 | | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | 2 | X | |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | | 3 | | X |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | 4 | | X |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | | 5 | | X |
| 6 Did the organization have members or stockholders? | | 6 | | X |
| 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | 7a | | X |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | 7b | | X |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | |
| a The governing body? | | 8a | X | |
| b Each committee with authority to act on behalf of the governing body? | | 8b | X | |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | 9 | | X |

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

| | Yes | No |
|---|-----|----|
| 10a Did the organization have local chapters, branches, or affiliates? | 10a | X |
| b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | |
| 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | X |
| b Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X |
| c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | X |
| 13 Did the organization have a written whistleblower policy? | 13 | X |
| 14 Did the organization have a written document retention and destruction policy? | 14 | X |
| 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a The organization's CEO, Executive Director, or top management official | 15a | X |
| b Other officers or key employees of the organization | 15b | X |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | |
| 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | X |
| b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | |

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►
BOWERS & COMPANY - 315-788-7690
1120 COMMERCE DRIVE, WATERTOWN, NY 13601

11

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| 1b Subtotal | | | | | | | | 0. | 62,888. | 0. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 0. | 62,888. | 0. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

| | Yes | No |
|---|-----|----|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

| | | | | (A) | (B) | (C) | (D) |
|---|---|--|----------------------|---------------|------------------------------------|----------------------------|--|
| | | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a | Federated campaigns | 1a | | | | |
| | b | Membership dues | 1b | | | | |
| | c | Fundraising events | 1c | | | | |
| | d | Related organizations | 1d | | | | |
| | e | Government grants (contributions) | 1e | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above ... | 1f | | | | |
| | g | Noncash contributions included in lines 1a-1f | 1g | \$ | | | |
| | h | Total. Add lines 1a-1f | | | | | |
| Program Service Revenue | 2 a | SALES - CREMATIONS | Business Code | 812900 | 202,820. | 202,820. | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f | All other program service revenue | | | | | |
| | g | Total. Add lines 2a-2f | | 202,820. | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 44. | | | 44. |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 | Royalties | | | | | |
| | 6 a | Gross rents | (i) Real | (ii) Personal | | | |
| | b | Less: rental expenses | | | | | |
| | c | Rental income or (loss) | | | | | |
| | d | Net rental income or (loss) | | | | | |
| | 7 a | Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | |
| | b | Less: cost or other basis and sales expenses | | | | | |
| | c | Gain or (loss) | | | | | |
| | d | Net gain or (loss) | | | | | |
| | 8 a | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | | | | | |
| | b | Less: direct expenses | | | | | |
| | c | Net income or (loss) from fundraising events | | | | | |
| | 9 a | Gross income from gaming activities. See Part IV, line 19 | | | | | |
| b | Less: direct expenses | | | | | | |
| c | Net income or (loss) from gaming activities | | | | | | |
| 10 a | Gross sales of inventory, less returns and allowances | | | | | | |
| b | Less: cost of goods sold | | | | | | |
| c | Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | 11 a | | Business Code | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | All other revenue | | | | | |
| | e | Total. Add lines 11a-11d | | | | | |
| 12 | Total revenue. See instructions | | | 202,864. | 202,820. | 0. | 44. |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | | | | |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 45,300. | 45,300. | | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | | | | |
| 10 Payroll taxes | | | | |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 6,625. | | 6,625. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | | | | |
| 12 Advertising and promotion | 600. | 600. | | |
| 13 Office expenses | 1,985. | 1,985. | | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 117,177. | 117,177. | | |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 3,320. | 3,320. | | |
| 23 Insurance | | | | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a TELEPHONE | 3,979. | 3,979. | | |
| b VANDALISM | 2,270. | 2,270. | | |
| c STATE FEES AND PERMITS | 2,021. | 2,021. | | |
| d SUPPLIES | 1,071. | 1,071. | | |
| e All other expenses | 1,390. | 1,390. | | |
| 25 Total functional expenses. Add lines 1 through 24e | 185,738. | 179,113. | 6,625. | 0. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

| | | (A) Beginning of year | | (B) End of year |
|--|--|--------------------------|------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 43,158. | 1 | 64,777. |
| | 2 Savings and temporary cash investments | 86,344. | 2 | 86,388. |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | | 4 | |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | 1,254. | 8 | 1,800. |
| | 9 Prepaid expenses and deferred charges | | 9 | |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 114,769. | | |
| | b Less: accumulated depreciation | 10b 109,911. | 10c | 4,858. |
| | 11 Investments - publicly traded securities | | 11 | |
| | 12 Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | | 15 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 138,933. | 16 | 157,823. | |
| Liabilities | 17 Accounts payable and accrued expenses | 6,023. | 17 | 7,787. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | 25 | |
| | 26 Total liabilities. Add lines 17 through 25 | 6,023. | 26 | 7,787. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 132,910. | 27 | 150,036. |
| | 28 Net assets with donor restrictions | | 28 | |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 132,910. | 32 | 150,036. |
| | 33 Total liabilities and net assets/fund balances | 138,933. | 33 | 157,823. |

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

| | | | |
|-----------|--|-----------|----------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 202,864. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 185,738. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 17,126. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 132,910. |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 150,036. |

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

| | Yes | No |
|---|-----------|----------|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2a | X |
| b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2b | X |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | 2c | X |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____ | 3a | X |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____ | 3b | |

Form 990 (2020)

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

FREDERICK BROS. CREMATORY, INC.

Employer identification number

16-1236089

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|------------------------------|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

| | |
|---|---|
| <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

| | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Term endowment ☐ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations

(ii) Related organizations

| | Yes | No |
|---------------|-----|----|
| 3a(i) | | |
| 3a(ii) | | |
| 3b | | |

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 114,769. | 109,911. | 4,858. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 4,858. |

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ | | |

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | |

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... ☐

| | |
|----------------|--|
| Part XI | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. |
|----------------|--|

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | |
|----------|--|-----------|-----------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 202,864. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | 2e | 0. |
| 3 | Subtract line 2e from line 1 | 3 | 202,864. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 0. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 202,864. |

| | |
|-----------------|--|
| Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. |
|-----------------|--|

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | |
|----------|---|-----------|-----------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 185,738. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | 2e | 0. |
| 3 | Subtract line 2e from line 1 | 3 | 185,738. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 0. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 185,738. |

| | |
|------------------|----------------------------------|
| Part XIII | Supplemental Information. |
|------------------|----------------------------------|

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

FREDERICK BROS. CREMATORY, INC.

Employer identification number

16-1236089

FORM 990, PART VI, SECTION A, LINE 2:

JEFFERY FREDERICK (PR/DIR) IS MARRIED TO JULIE FREDERICK (SEC/TREAS)

FORM 990, PART VI, SECTION B, LINE 11B:

COPY OF THE FORM 990 IS REVIEWED BY THE GOVERNING BODY PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD REQUIRES ANNUAL DECLARATION OF CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION C, LINE 19:

INFORMATION IS MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

FREDERICK BROS. CREMATORY, INC.

Employer identification number
16-1236089

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
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Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2020

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-------------------------|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|---|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| FREDERICK BROS FUNERAL HOME - 16-1077521 38442 ST RT 37 THERESA, NY 13691 | FUNERAL SERVICE | NY | N/A | S CORP | | | | | X |
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

| | Yes | No |
|---|-----------|----|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a | X |
| b Gift, grant, or capital contribution to related organization(s) | 1b | X |
| c Gift, grant, or capital contribution from related organization(s) | 1c | X |
| d Loans or loan guarantees to or for related organization(s) | 1d | X |
| e Loans or loan guarantees by related organization(s) | 1e | X |
| f Dividends from related organization(s) | 1f | X |
| g Sale of assets to related organization(s) | 1g | X |
| h Purchase of assets from related organization(s) | 1h | X |
| i Exchange of assets with related organization(s) | 1i | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | 1j | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1k | X |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 1l | X |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | X |
| o Sharing of paid employees with related organization(s) | 1o | X |
| p Reimbursement paid to related organization(s) for expenses | 1p | X |
| q Reimbursement paid by related organization(s) for expenses | 1q | X |
| r Other transfer of cash or property to related organization(s) | 1r | X |
| s Other transfer of cash or property from related organization(s) | 1s | X |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. | | |

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|--|
| (1) FREDERICK BROS FUNERAL HOME | K | 96,000. | SEE PART VII |
| (2) FREDERICK BROS FUNERAL HOME | P | 45,300. | SEE PART VII |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R PART V LINE 2(1)(D) AND (2)(D)

LEASE IS BASED ON COMPARABLE FACILITY RENTALS.

REIMBURSEMENT OF EXPENSES BASED ON NUMBER OF CREMATIONS PERFORMED.

Frederick Brothers Crematory, Inc.
Financial Statements with
Independent Auditors' Report
Years Ended October 31, 2021 and 2020

Frederick Brothers Crematory, Inc.
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October 31, 2021 and 2020

Independent Auditors' Report 1

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STACKEL & NAVARRA, C.P.A., P.C.
CERTIFIED PUBLIC ACCOUNTANTS

COMMUNITY BANK BUILDING – 216 WASHINGTON STREET
WATERTOWN, NEW YORK 13601-3336
TELEPHONE 315/782-1220
FAX 315/782-0118

Robert F. Stackel, C.P.A.
Jacob Navarra, C.P.A.
Mark B. Hills, C.P.A.

Independent Auditors' Report

Board of Trustees
Frederick Brothers Crematory, Inc.
Theresa, NY

We have audited the accompanying financial statements of Frederick Brothers Crematory, Inc. (a nonprofit organization), which comprise the statements of financial position as of October 31, 2021 and 2020, and the related statements of activities and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not

STACKEL & NAVARRA, C.P.A., P.C

CERTIFIED PUBLIC ACCOUNTANTS

for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Frederick Brothers Crematory, Inc. as of October 31, 2021 and 2020, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Stackel & Navarra, CPA, PC

February 4, 2022

Watertown, NY

Frederick Brothers Crematory, Inc.
Statements of Financial Position
October 31, 2021 and 2020

| | <u>2021</u> | <u>2020</u> |
|--|--------------------------|--------------------------|
| Assets | | |
| Current Assets | | |
| Cash in bank | \$ 151,166 | \$ 129,501 |
| Prepaid expense | <u>1,800</u> | <u>1,254</u> |
| Total Current Assets | 152,966 | 130,755 |
| Fixed Assets - Net of Accumulated Depreciation | <u>4,857</u> | <u>8,177</u> |
| Total Assets | <u><u>\$ 157,823</u></u> | <u><u>\$ 138,932</u></u> |
| Liabilities and Net Assets | | |
| Current Liabilities | | |
| Accounts payable | \$ 4,200 | \$ 2,900 |
| Fees payable | <u>3,587</u> | <u>3,122</u> |
| Total Current Liabilities | 7,787 | 6,022 |
| Net assets without donor restrictions | <u>150,036</u> | <u>132,910</u> |
| Total Liabilities and Net Assets | <u><u>\$ 157,823</u></u> | <u><u>\$ 138,932</u></u> |

The accompanying notes are an integral part of these financial statements.

Frederick Brothers Crematory, Inc.
Statements of Activities
Years Ended October 31, 2021 and 2020

| | <u>2021</u> | <u>2020</u> |
|---|--------------------------|--------------------------|
| Revenue | | |
| Cremation fees | \$ 202,820 | \$ 210,320 |
| Interest income | 44 | 125 |
| Total Revenue | <u>202,864</u> | <u>210,445</u> |
| Expenses | | |
| Program Services | | |
| Rent | 96,000 | 96,000 |
| Labor expenses | 45,300 | 46,500 |
| Utilities | 21,177 | 23,985 |
| Licenses and fees | 4,291 | 3,707 |
| Depreciation | 3,320 | 5,214 |
| Postage and delivery | 1,751 | 1,803 |
| Repairs and maintenance | 630 | 545 |
| Telephone | 3,979 | 4,513 |
| Operating supplies | 1,071 | 3,488 |
| Website development | 600 | 600 |
| Dues and subscriptions | 500 | 500 |
| Other expenses | <u>494</u> | <u>1,229</u> |
| Total Program Services Expenses | 179,113 | 188,084 |
| Management and general | | |
| Accounting fees | <u>6,625</u> | <u>13,435</u> |
| Total Expenses | <u>185,738</u> | <u>201,519</u> |
| Increase in net assets without donor restrictions | 17,126 | 8,926 |
| Net assets without donor restrictions - beginning of year | <u>132,910</u> | <u>123,984</u> |
| Net assets without donor restrictions - end of year | <u><u>\$ 150,036</u></u> | <u><u>\$ 132,910</u></u> |

The accompanying notes are an integral part of these financial statements.

Frederick Brothers Crematory, Inc.
Statements of Cash Flows
Year Ended October 31, 2021 and 2020

| | <u>2021</u> | <u>2020</u> |
|---|--------------------------|--------------------------|
| Operating Activities | | |
| Increase in net assets | \$ 17,126 | \$ 8,926 |
| Noncash items included in increase (decrease) in net assets: | | |
| Depreciation | 3,320 | 5,214 |
| Change in current operating assets and liabilities: | | |
| (Increase) decrease in prepaid expenses | (546) | 1,738 |
| Increase (decrease) in accounts payable | 1,300 | (500) |
| Increase in fees payable | <u>465</u> | <u>615</u> |
| Net cash provided by operating activities | 21,665 | 15,993 |
| Investing activities | | |
| Purchase of fixed assets | <u>-</u> | <u>(6,000)</u> |
| Net increase in cash | 21,665 | 9,993 |
| Cash at beginning of year | <u>129,501</u> | <u>119,508</u> |
| Cash at end of year | <u><u>\$ 151,166</u></u> | <u><u>\$ 129,501</u></u> |

The accompanying notes are an integral part of these financial statements.

Frederick Brothers Crematory, Inc.
Notes to Financial Statements
October 31, 2021 and 2020

1 – Nature of Activities

Business Description

Frederick Brothers Crematory, Inc. (the Organization) is a not-for-profit corporation that performs cremations for funeral homes located in Jefferson, Lewis, and St. Lawrence counties in New York State and is located in Theresa, New York.

2 – Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Organization have been prepared on the accrual basis of accounting and, accordingly reflect all significant receivables, payables, and other liabilities.

Basis of Presentation

The financial statements of the Organization have been prepared on the accrual basis in accordance with accounting principles generally accepted in the United States of America. The financial statements are presented in accordance with Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 958.

Under the provisions of ASC 958, net assets and revenues, and gains and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, the net assets of the Organization and changes therein are classified as follows:

Net assets without donor restrictions: Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Organization. The Organization's board may designate assets without restrictions for specific operational purposes from time to time.

Net assets with donor restrictions: Net assets subject to stipulations imposed by donors, and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Organization or by the passage of time. Other donor restrictions are perpetual in nature, where by the donor has stipulated the funds be maintained in perpetuity.

The net assets for the years presented in these financial statements are without donor restrictions.

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported

Frederick Brothers Crematory, Inc.
Notes to Financial Statements
October 31, 2021 and 2020

amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reported period. Actual results could differ from those estimates.

Cash and cash equivalents

For the purpose of the statements of cash flows, the Organization considered all highly liquid investments with an initial maturity of three months or less to be cash and cash equivalents.

Fixed assets

Fixed assets consist of equipment stated at cost net of accumulated depreciation. Generally, the Board of Directors capitalizes assets purchased and placed in service that cost over \$500 and have a useful life of over one year.

Depreciation

Depreciation is computed using the straight-line basis over seven years, the estimated useful lives of the assets.

Prepaid expenses

Prepaid expenses consist of cremation containers and are written off as they are used or sold to funeral homes using the Organization's services.

Fees payable

Fees payable include assessment and vandalism fees owed to the New York State Division of Cemeteries. The fees are charged for each cremation performed.

Revenue recognition

Revenue is recognized in the period the services are performed.

3 – Equipment

Fixed assets at October 31, 2021 and 2020 consist of the following:

| | <u>2021</u> | <u>2020</u> |
|-------------------------------|-----------------|-----------------|
| Equipment | \$ 114,769 | \$ 114,769 |
| Less accumulated depreciation | <u>109,912</u> | <u>106,592</u> |
| | <u>\$ 4,857</u> | <u>\$ 8,177</u> |

Frederick Brothers Crematory, Inc.
Notes to Financial Statements
October 31, 2021 and 2020

4 – Income Tax Status

The Organization qualifies as a tax-exempt organization under Section 501 (c)(13) of the Internal Revenue Code and, therefore, has no provision for federal income taxes. The Organization's federal returns for the years ending 2021, 2020, and 2019 are subject to examination by the IRS, generally for three years after filing.

5 – Liquidity and Availability

Financial assets available for general expenditure within one year of the balance sheet date follows:

| | |
|------|------------------|
| Cash | <u>\$151,166</u> |
|------|------------------|

6 – Related Party Transactions

Frederick Brothers Crematory, Inc. conducts business with Frederick Brothers Funeral Home, Inc. (the Funeral Home). All directors of the Organization also serve as directors of the Funeral Home. One of the directors is the sole shareholder of the Funeral Home.

The Organization rents its facilities from the Funeral Home on a month-to-month basis. The Funeral Home is also paid for the labor used in the cremations. The Funeral Home uses the Organization to perform cremations for it. Following is a summary of related party transactions:

| | <u>2021</u> | <u>2020</u> |
|---|-------------|-------------|
| Rent paid by the Organization | \$ 96,000 | \$ 96,000 |
| Labor expense paid by the Organization | \$ 45,300 | \$ 46,500 |
| Cremations paid for by the Funeral Home | \$ 29,920 | \$ 27,900 |
| Payable to the Funeral Home by the Organization | \$ 4,200 | \$ 2,900 |

7 – Subsequent Events

Management has evaluated subsequent events through February 4, 2022, the date on which the financial statements were available to be issued.

Frederick Brothers Crematory, Inc.
Financial Statements
Years Ended October 31, 2020 and 2019

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Frederick Brothers Crematory, Inc.
Statements of Financial Position
October 31, 2020 and 2019

| | <u>2020</u> | <u>2019</u> |
|--|-------------------|-------------------|
| ASSETS | | |
| Current Assets | | |
| Cash in bank | \$ 129,501 | \$ 119,508 |
| Prepaid expense | <u>1,254</u> | <u>2,992</u> |
| Total Current Assets | 130,755 | 122,500 |
| Fixed Assets - Net of Accumulated Depreciation | <u>8,177</u> | <u>7,391</u> |
| Total Assets | <u>\$ 138,932</u> | <u>\$ 129,891</u> |
| LIABILITIES AND NET ASSETS | | |
| Current Liabilities | | |
| Accounts payable | \$ 2,900 | \$ 3,400 |
| Fees payable | <u>3,122</u> | <u>2,507</u> |
| Total Current Liabilities | 6,022 | 5,907 |
| Net assets | <u>132,910</u> | <u>123,984</u> |
| Total Liabilities and Net Assets | <u>\$ 138,932</u> | <u>\$ 129,891</u> |

The accompanying notes are an integral part of these financial statements.

Frederick Brothers Crematory, Inc.
Statements of Activities
Years Ended October 31, 2020 and 2019

| | <u>2020</u> | <u>2019</u> |
|---|--------------------------|--------------------------|
| Revenue | | |
| Cremation fees | \$ 210,320 | \$ 174,040 |
| Interest income | 125 | 207 |
| Total Revenue | <u>210,445</u> | <u>174,247</u> |
| Expenses | | |
| Program Services | | |
| Rent | \$ 96,000 | \$ 100,000 |
| Labor expenses | 46,500 | 38,300 |
| Utilities | 23,985 | 22,634 |
| Licenses and fees | 3,707 | 3,019 |
| Depreciation | 5,214 | 4,929 |
| Postage and delivery | 1,803 | 1,371 |
| Repairs and maintenance | 545 | 1,141 |
| Telephone | 4,513 | 4,768 |
| Operating supplies | 3,488 | 3,270 |
| Website development | 600 | 685 |
| Dues and subscriptions | 500 | 500 |
| Other expenses | <u>1,229</u> | <u>71</u> |
| Total Program Services Expenses | 188,084 | 180,688 |
| Management and general | | |
| Accounting fees | <u>13,435</u> | <u>1,510</u> |
| Total Expenses | <u>201,519</u> | <u>182,198</u> |
| Decrease in net assets without donor restrictions | 8,926 | (7,951) |
| Net assets without donor restrictions - beginning of year | <u>123,984</u> | <u>131,935</u> |
| Net assets without donor restrictions - end of year | <u><u>\$ 132,910</u></u> | <u><u>\$ 123,984</u></u> |

The accompanying notes are an integral part of these financial statements.

Frederick Brothers Crematory, Inc.
Statements of Cash Flows
Year Ended October 31, 2020 and 2019

| | <u>2020</u> | <u>2019</u> |
|---|-------------------|-------------------|
| Operating Activities | | |
| Increase (decrease) in net assets | \$ 8,926 | \$ (7,951) |
| Noncash items included in increase (decrease) | | |
| in net assets: | | |
| Depreciation | 5,214 | 4,929 |
| Change in current operating assets and liabilities: | | |
| (Increase) decrease in prepaid expenses | 1,738 | (672) |
| Increase (decrease) in accounts payable | (500) | 400 |
| Increase (decrease) in fees payable | 615 | (64) |
| Net cash provided (used) by operating activities | <u>15,993</u> | <u>(3,358)</u> |
| Investing activities | | |
| Purchase of fixed assets | <u>(6,000)</u> | <u>-</u> |
| Net increase (decrease) in cash | 9,993 | (3,358) |
| Cash at beginning of year | <u>119,508</u> | <u>122,866</u> |
| Cash at end of year | <u>\$ 129,501</u> | <u>\$ 119,508</u> |

The accompanying notes are an integral part of these financial statements.

Frederick Brothers Crematory, Inc.
Notes to Financial Statements
October 31, 2020 and 2019

Note 1 – Nature of Activities

Business Description

Frederick Brothers Crematory, Inc. (the Organization) is a not-for-profit corporation that performs cremations for funeral homes located in Jefferson, Lewis, and St. Lawrence counties in New York State and is located in Theresa, New York.

Note 2 – Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Organization have been prepared on the accrual basis of accounting and, accordingly reflect all significant receivables, payables, and other liabilities.

Basis of Presentation

The financial statements of the Organization have been prepared on the accrual basis in accordance with accounting principles generally accepted in the United States of America. The financial statements are presented in accordance with Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 958.

Under the provisions of ASC 958, net assets and revenues, and gains and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, the net assets of the Organization and changes therein are classified as follows:

Net assets without donor restrictions: Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Organization. The Organization's board may designate assets without restrictions for specific operational purposes from time to time.

Net assets with donor restrictions: Net assets subject to stipulations imposed by donors, and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Organization or by the passage of time. Other donor restrictions are perpetual in nature, where by the donor has stipulated the funds be maintained in perpetuity.

The net assets for the years presented in these financial statements are without donor restrictions.

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported

Frederick Brothers Crematory, Inc.
Notes to Financial Statements
October 31, 2020 and 2019

amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reported period. Actual results could differ from those estimates.

Cash and cash equivalents

For the purpose of the statements of cash flows, the Organization considered all highly liquid investments with an initial maturity of three months or less to be cash and cash equivalents.

Fixed assets

Fixed assets consist of equipment stated at cost net of accumulated depreciation. Generally, the Board of Directors capitalizes assets purchased and placed in service that cost over \$500 and have a useful life of over one year.

Depreciation

Depreciation is computed using the straight-line basis over seven years, the estimated useful lives of the assets.

Prepaid expenses

Prepaid expenses consist of cremation containers and are written off as they are used or sold to funeral homes using the Organization's services.

Fees payable

Fees payable include assessment and vandalism fees owed to the New York State Division of Cemeteries. The fees are charged for each cremation performed.

Revenue recognition

Revenue is recognized in the period the services are performed.

Note 3 – Equipment

Fixed assets at October 31, 2020 and 2019 consist of the following:

| | <u>2020</u> | <u>2019</u> |
|-------------------------------|-----------------|-----------------|
| Equipment | \$ 114,769 | \$ 108,769 |
| Less accumulated depreciation | <u>106,592</u> | <u>101,378</u> |
| | <u>\$ 8,177</u> | <u>\$ 7,391</u> |

Frederick Brothers Crematory, Inc.

Notes to Financial Statements

October 31, 2020 and 2019

Note 4 – Income Tax Status

The Organization qualifies as a tax-exempt organization under Section 501 (c)(13) of the Internal Revenue Code and, therefore, has no provision for federal income taxes. The Organization's federal returns for the years ending 2020, 2019, and 2018 are subject to examination by the IRS, generally for three years after filing.

Note 5 – Liquidity and Availability

Financial assets available for general expenditure within one year of the balance sheet date follows:

| | |
|------|-------------------|
| Cash | <u>\$ 129,501</u> |
|------|-------------------|

Note 6 – Related Party Transactions

Frederick Brothers Crematory, Inc. conducts business with Frederick Brothers Funeral Home, Inc. (the Funeral Home). All directors of the Organization also serve as directors of the Funeral Home. One of the directors is the sole shareholder of the Funeral Home.

The Organization rents its facilities from the Funeral Home on a month-to-month basis. The Funeral Home is also paid for the labor used in the cremations. The Funeral Home uses the Organization to perform cremations for it. Following is a summary of related party transactions:

| | <u>2020</u> | <u>2019</u> |
|---|-------------|-------------|
| Rent paid by the Organization | \$ 96,000 | \$ 100,000 |
| Labor expense paid by the Organization | \$ 46,500 | \$ 38,300 |
| Cremations paid for by the Funeral Home | \$ 27,900 | \$ 29,800 |
| Payable to the Funeral Home by the Organization | \$ 2,900 | \$ 3,400 |

Note 7 – Subsequent Events

Management has evaluated subsequent events through January 5, 2021, the date on which the financial statements were available to be issued.



Loan Summary

Loan Amount: \$47,500.00
Monthly Payment: \$2,105.23
Total # Of Payments: 24
Start Date: Nov, 2022
Payoff Date: Oct, 2024
Total Interest Paid: \$3,025.50
Total Payment: \$50,525.50

Loan Amortization Schedule

| Payment Date | Payment # | Interest Paid | Principal Paid | Total Payment | Remaining Balance |
|--------------|-----------|---------------|----------------|---------------|-------------------|
| Nov, 2022 | 1 | \$237.50 | \$1,867.73 | \$2,105.23 | \$45,632.27 |
| Dec, 2022 | 2 | \$228.16 | \$1,877.07 | \$2,105.23 | \$43,755.20 |
| Jan, 2023 | 3 | \$218.78 | \$1,886.45 | \$2,105.23 | \$41,868.75 |
| Feb, 2023 | 4 | \$209.34 | \$1,895.89 | \$2,105.23 | \$39,972.87 |
| Mar, 2023 | 5 | \$199.86 | \$1,905.36 | \$2,105.23 | \$38,067.50 |
| Apr, 2023 | 6 | \$190.34 | \$1,914.89 | \$2,105.23 | \$36,152.61 |
| May, 2023 | 7 | \$180.76 | \$1,924.47 | \$2,105.23 | \$34,228.14 |
| Jun, 2023 | 8 | \$171.14 | \$1,934.09 | \$2,105.23 | \$32,294.05 |
| Jul, 2023 | 9 | \$161.47 | \$1,943.76 | \$2,105.23 | \$30,350.30 |
| Aug, 2023 | 10 | \$151.75 | \$1,953.48 | \$2,105.23 | \$28,396.82 |
| Sep, 2023 | 11 | \$141.98 | \$1,963.24 | \$2,105.23 | \$26,433.57 |
| Oct, 2023 | 12 | \$132.17 | \$1,973.06 | \$2,105.23 | \$24,460.51 |
| Nov, 2023 | 13 | \$122.30 | \$1,982.93 | \$2,105.23 | \$22,477.59 |
| Dec, 2023 | 14 | \$112.39 | \$1,992.84 | \$2,105.23 | \$20,484.75 |
| Jan, 2024 | 15 | \$102.42 | \$2,002.81 | \$2,105.23 | \$18,481.94 |
| Feb, 2024 | 16 | \$92.41 | \$2,012.82 | \$2,105.23 | \$16,469.12 |
| Mar, 2024 | 17 | \$82.35 | \$2,022.88 | \$2,105.23 | \$14,446.24 |
| Apr, 2024 | 18 | \$72.23 | \$2,033.00 | \$2,105.23 | \$12,413.24 |
| May, 2024 | 19 | \$62.07 | \$2,043.16 | \$2,105.23 | \$10,370.08 |
| Jun, 2024 | 20 | \$51.85 | \$2,053.38 | \$2,105.23 | \$8,316.70 |
| Jul, 2024 | 21 | \$41.58 | \$2,063.65 | \$2,105.23 | \$6,253.05 |
| Aug, 2024 | 22 | \$31.27 | \$2,073.96 | \$2,105.23 | \$4,179.09 |
| Sep, 2024 | 23 | \$20.90 | \$2,084.33 | \$2,105.23 | \$2,094.76 |
| Oct, 2024 | 24 | \$10.47 | \$2,094.76 | \$2,105.23 | \$0.00 |

October 4, 2022

Kathryn W. Piddock
Bowers & Company
1120 Commerce Park Drive
Watertown, NY 13601

**Re: Rental Rate Estimate 38422 NYS Route 37
Theresa, NY**

Ms. Piddock:

As we discussed, my estimate of a reasonable rental rate for the real estate located at 38422 NYS Route 37 is approximately \$6,000 per month. The property is assessed at \$661,224 (Full Market Value). A rental rate of 1% per month which would equate to a capitalization rate of 8.33% is consistent with the local real estate market. The property is further identified as Tax Map parcel 23.13-1-14.

Please feel free to call if you have any further questions.

Respectfully Submitted,



Donald G. M. Coon III, MAI
NYS Certified General Real Estate Appraiser
Certification # 46-658

From: kpiddock@bcpllc.com,
To: jfred37@aol.com,
Subject: RE: Julie Frederick
Date: Wed, Sep 28, 2022 9:50 am
Attachments: image001.png (4K),

Hi Julie,

What he said was \$6,000 was a fair rental based on the total square footage. He also said a rule of thumb is 1% of the value of the property – which he said was about \$600,000 when he looked it up. So **\$6,000 per month** was a reasonable rate – this ends up being \$72,000 for the year.

Total rent and labor for last year was about \$141,000. If we figure \$72,000 for square footage rent, the remaining of \$69,000 would be a per cremation calculation. If we take the total cremations for that year – 454 – that would equate to approximately \$150 - \$152 per cremation.

Thanks!

Kathy

Kathryn W. Piddock, CPA

Tax Manager

(315) 777-4914 | (716) 517-0056 | kpiddock@bcpllc.com



Bowers & Company CPAs, PLLC

1120 Commerce Park Drive East, Watertown, NY 13601

Fax: (315) 788-0966 | www.bcpllc.com

From: MANAGEMENT CENTER. <jfred37@aol.com>
Sent: Wednesday, September 28, 2022 9:44 AM
To: Kathryn W. Piddock <kpiddock@bcpllc.com>
Subject: Julie Frederick

Hi Kathy, I have waited until today, the due day, to send my material to the state. Is it correct that Mr. Coon said \$4000 was more than a fair price per square foot? Just want to affirm before I send the lease agreement. Julie

1 Attached Images



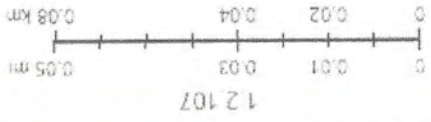
Untitled Map



December 6, 2022

X: New report.

Parcels 2022



New York State, State of New York

Door to 4-1000gal propane tanks

Body Storage

Scales

Machine ①

Processing Table

Machine ②

Door to garage

Office

Files

Storage

Entrance

Concrete Apron

Drawing not to scale

← N

EXHIBIT C

EQUIPMENT QUOTATION

Attn: Jeff Frederick
Job Name: Jeff Frederick
Job Location: 38422 NY-37
 Theresa, NY 13691

Quote Date: 04-11-2022
Quote # 041122JE-03
Phone: (315) 628-4451
Email: jfred37@aol.com

We at Keller Manufacturing are pleased to quote the following equipment for the above referenced project in accordance with attached terms and conditions.

| Qty. | Model Number | Description |
|------|--------------|--|
| | KMH 1100-200 | <ul style="list-style-type: none"> Maximum Load 800 lbs. Cremation Rate 150-200 lbs. per hr. Exterior Coating on side and rear of machine gray industrial paint front dark gray powder coat w/stainless trim. Power Charging Door. View Ports on the Primary and Secondary Chambers Dual Temperature Chart Recorder. Temperature Displays for Primary Chamber and Secondary Chamber 8' of Refractory Lined Stack and rain collar included. Additional stack can be purchased at \$350.00 per foot. Refractory Lined Draft Inducer 7.5 HP Combustion Air Blower (1) 1.5 MIL MBTU Secondary Burners (1) 500,000 BTU Primary Burners Opacity Control System Operating tools Operating and Installation Manual. Start-up and operator training (2 to 4 days required to complete start-up) Color Touchscreen Control <p>Warranty and Services</p> <ul style="list-style-type: none"> One Year Parts Only Warranty *Start Up if not included & Additional Warranty Available Upon Request |

Total Net Sell Price excluding sales tax: \$95,000.00

Current Lead Time: 16 to 20 Weeks

Quotation Notes:

- 1st year parts only warranty (one (1) year from start-up or eighteen (18) months from date of shipment, whichever comes first) unless specified otherwise in this proposal.
- Approved submittals required before ordering.

The following items are NOT included with the equipment identified above:

- Building, environmental, or any other permits that are required by county or state.
- Installation or hookup of the utilities (fuel, electric, etc.).
- Make-up air louver, fuel/regulators, and electrical connections.
- Environmental testing (if needed), air pollution application fees, operating permit application, any applicable taxes.
- Wind Load Calculations
- Equipment base/pad, site preparation, vibration isolation, and anchor bolts.
- Any piping, piping specialties, or accessories except as noted elsewhere in this proposal.
- Local roofer to make penetration and sealing hole for the stack.
- Shipping of equipment from Keller Manufacturing to jobsite.
- Crane to offload the cremation equipment and rigging to set the stack.

Special Notes:

- Above price is firm and will remain in effect for 60 days.
- No taxes, permits, start-up, and or service are included in above proposal unless otherwise noted.
- Compliance to local codes neither guaranteed nor implied.
- All orders subject to credit acceptance by Keller Management.
- Equipment is manufactured under strict Keller Manufacturing standards in compliance with the National Electric Code.
- Holiday or weekend work required on Keller start-ups is not included in the above proposal unless otherwise noted.
- Any work or material furnished at Keller Manufacturing's expense, must have written authorization and approval from Keller Manufacturing prior to furnishing such services or materials. Immediately upon completion of such work, the approved price shall be invoiced for immediate processing of a credit memo and applies to your account. Deductions from our invoices or back charges for unauthorized work or materials will not be accepted.

We appreciate your consideration of this quotation and would like to thank you for your interest in Keller Manufacturing products and services. Should you have any question concerning the above quotation, please feel free to contact me personally.

Sincerely,

Jason Elsberry

Jason Elsberry
 Keller Manufacturing
 4442 Holden Rd.
 Lakeland, FL 33811
 Office: 863-937-8928

Keller
Manufacturing
TERMS AND CONDITIONS OF SALE – EQUIPMENT AND/OR SERVICE

- ENT AND TAXES (Equipment Sales only)** - Payment shall be made as follows 50% due upon signed agreement, 50% due upon shipping or the ability to ship. Keller reserves the right to require payment or other alternative method of payment prior to shipment or completion of work if Keller determines, in its sole discretion, that Customer or Customer's assignee's financial condition at time does not justify continuance payment terms. In addition to the price, the Customer shall also pay Keller any taxes or government charges arising from this Agreement.
- TRAS-** Equipment, parts or labor in addition to those specified in this Agreement will be provided upon receipt of Customer's written authorization and paid for as an extra and subject to the terms of this Agreement.
- RETURNS-** No items will be accepted for return without prior written authorization. Returned goods may be subject to a restocking charge. Special order and non-stock items cannot be returned.
- SHIPMENT-** All shipments shall be F.O.B. shipping point, freight prepaid and allowed to the job site. Shipment dates quoted are approximate. Keller does not guarantee a particular date for shipment or delivery.
- PARTIAL SHIPMENT-** Keller shall have the right to ship any portion of the equipment included in this Agreement and invoice Customer for such partial shipment.
- DELAYS-** In the event Keller is delayed in manufacturing, shipping or delivery by causes beyond the control and without the fault or negligence of Keller, including but not restricted to acts of God, acts of a public enemy, acts of government, acts of terrorism, fires, floods, epidemics, quarantine restrictions, freight embargoes, supplier delays, strikes, or labor difficulties, Keller agrees to notify Customer in writing as practicable of the causes of such delay and Keller shall further be entitled to an extension of the time equivalent to the duration of any such delay and a reasonable time in which to recover from said delay to resume production.
- WARRANTY-** Keller warrants that all equipment manufactured by Keller Manufacturing and all Keller equipment, parts or components supplied hereunder will be free from defects in material and workmanship. Keller shall at its option repair or replace, F.O.B. point of sale, any equipment, part or component sold by Keller and determined to be defective within one (1) year from the date of initial operation or eighteen (18) months from date of shipment, whichever is earlier. Keller does not warrant products not manufactured by Keller Manufacturing, but it does pass on to Customer any available manufacturer's warranty for those products. Keller warrants that all service provided by Keller hereunder shall be performed in a workmanlike manner. In the event any such service is determined to be defective within ninety (90) days of completion of that service, Keller shall at its option re-perform or issue a credit for such service, Keller's obligation to repair or replace any defective equipment, parts or components during the warranty period shall be Customer's exclusive remedy. Keller shall not be responsible for labor charges for removal or reinstallation of defective equipment, parts or components, for charges for transportation, handling and shipping, or for repairs or replacement of such equipment, parts or components, required as a consequence of faulty installation, misapplication, vandalism, abuse, exposure to chemicals, improper servicing, unauthorized alteration or improper operation by persons other than Keller. THIS WARRANTY IS GIVEN IN LIEU OF ALL OTHER WARRANTIES, EXPRESS, IMPLIED OR STATUTORY INCLUDING THE IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE.
- WORKING HOURS-** All services performed under this Agreement including major repairs, are to be provided during Keller's normal working hours unless otherwise agreed.
- ADDITIONAL SERVICE-** Services or parts requested by Customer in addition to those specified in this Agreement will be provided upon receipt of Customer's written authorization and invoiced at Keller's prevailing labor rates and parts charges. Additional services or parts shall be supplied under the terms of this Agreement.
- PAYMENT AND TAXES (Service Contracts only)** - Payment shall be made net 30 days from date of invoice. Keller reserves the right to require cash payment or other alternative method of payment prior to shipment or completion of work if Keller determines, in its sole discretion, that Customer or Customer's assignee's financial condition at any time does not justify continuance of the net 30 days payment term. In addition to the price, the Customer shall also pay Keller any taxes or government charges arising from this Agreement.
- CUSTOMER RESPONSIBILITIES (Service Contracts only)** - Customer shall:
- Provide safe and reasonable equipment access and a safe work environment.
 - Permit access to Customer's site, and use of building services including but not limited to: water, elevators, receiving dock facilities, electrical service and local telephone service.
 - Keep areas adjacent to equipment free of extraneous material, move any stock, fixtures, walls or partitions that may be necessary to perform the specified service.
 - Promptly notify Keller of any unusual operating conditions.
 - Upon agreement of a timely mutual schedule, allow Keller to stop and start equipment necessary to perform service.
 - Provide the daily routine equipment operation (if not part of this Agreement) including availability of routine equipment log readings.
 - Where Keller remote monitoring service is provided, provide and maintain a telephone line with long distance direct dial and answer capability.
 - Operate the equipment properly and in accordance with instructions.
- EXCLUSIONS-** Keller is not responsible for items not normally subject to mechanical maintenance including but not limited to: casings, cabinets, structural supports, refractory, disconnect switches and circuit breakers. Keller is not responsible for repairs, replacements, alterations, additions, adjustments, repairs by others, unscheduled calls or emergency calls, any of which may be necessitated by negligent operation, abuse, misuse, prior improper maintenance, vandalism, obsolescence, building system design, damage due to freezing weather, chemical/electrochemical attack, corrosion, erosion, deterioration due to unusual wear and tear, damage caused by power reductions or failures or any other cause beyond Keller's control. Keller shall not be required to perform tests, install any items of equipment or make modifications that may be recommended or directed by insurance companies, government, state, municipal or other authority. However, in the event any such recommendations occur, Keller, at its option, may submit a proposal for Customer's consideration in addition to this Agreement. Keller shall not be required to repair or replace equipment that has not been properly maintained.
- EQUIPMENT CONDITION & RECOMMENDED SERVICE (Service Contracts only)** - Upon the initial scheduled operating and/or initial annual stop inspection, should Keller determine the need for repairs or replacement, Keller will provide Customer in writing an 'equipment condition' report including recommendations for corrections and the price for repairs in addition to this Agreement. In the event Keller recommends certain services (that are not included herein or upon initial inspection) and if Customer does not elect to have such services properly performed in a timely fashion, Keller shall not be responsible for any equipment or control failures, operability or any long-term damage that may result. Keller at its option will either continue to maintain equipment and/or controls to the best of its ability, without any responsibility, or remove such equipment from this Agreement, adjusting the price accordingly.
- PROPRIETARY RIGHTS (Service Contracts only)**- During the term of this Agreement and in combination with certain services, Keller may elect to install, attach to Customer equipment, or provide portable devices (hardware and/or software) that shall remain the personal proprietary property of Keller. No devices installed, attached to real property or portable device(s) shall become a fixture of the Customer locations. Customer shall not acquire any interest, title or equity in any hardware, software, processes, and other intellectual or proprietary rights to devices that are used in connection with providing service on Customer equipment.
- LIMITATION OF LIABILITY-** Under no circumstances shall Keller be liable for any incidental, special or consequential damages, including loss of revenue, loss of use of equipment or facilities, or economic damages based on strict liability or negligence. Keller shall be liable for damage to property, other than equipment provided under this Agreement, and to persons, to the extent that Keller's negligent acts or omissions directly contributed to such injury or property damage. Keller's maximum liability for any reason (except for personal injuries) shall consist of the refunding of all moneys paid by Customer to Keller under this Agreement.
- CANCELLATION-** Customer may cancel this Agreement only with Keller's prior written consent, and upon payment of reasonable cancellation charges. Such charges shall take into account costs and expenses incurred, and purchases or contract commitments made by Keller and all other losses due to the cancellation including a reasonable profit.
- CUSTOMER TERMINATION FOR KELLER NON-PERFORMANCE** - Customer shall have the right to terminate this Agreement for Keller's non-performance provided Keller fails to cure such non-performance within 30 days after having been given prior written notice of the non-performance. Upon early termination or expiration of this Agreement, Keller shall have free access to enter Customer locations to disconnect and remove any Keller personal proprietary property or devices as well as remove any and all Keller-owned parts, tools and personal property. Additionally, Customer agrees to pay Keller for all incurred but unamortized service costs performed by Keller including overheads and a reasonable profit.
- KELLER TERMINATION** - Keller reserves the right to discontinue its service any time payments have not been made as agreed or if alterations, additions or repairs are made to equipment during the term of this Agreement by others without prior agreement between Customer and Keller.
- CLAIMS-** Any suits arising from the performance or nonperformance of this Agreement, whether based upon contract, negligence, and strict liability or otherwise, shall be brought within one (1) year from the date the claim arose.
- SUPERSURE, ASSIGNMENT and MODIFICATION-** This Agreement contains the complete and exclusive statement of the agreement between the parties and supersedes all previous or contemporaneous, oral or written, statements. Customer may assign this Agreement only with Keller's prior written consent. No modification to this Agreement shall be binding unless in writing and signed by both parties.
- CUSTOMER CONSENT-** Customer consents and agrees that Keller may, from time to time, publicize Keller related projects with Customer, including the value of such projects, in all forms and media for advertising, trade, and any other lawful purposes.

Accepted by:

Name:

Title:

Company:

Date:

Jeffrey Trudeair
Jeffrey Trudeair
4-26-22

Quote Date: 04-11-2022

Quote Number: 041122JE-03

PO Number:

Job Name: Frederick Brothers Crematory, Inc.

Total Sell Price (Excluding Tax): \$ 95,000.00

Keller Manufacturing Inc.

4442 Holden Road
Lakeland, FL 33811
USA

Voice: 863-937-8928
Fax: 863-937-8031

INVOICE

Invoice Number: 3271
Invoice Date: Apr 27, 2022
Page: 1

Duplicate

Bill To:

JEFF FREDRICK
38422 NYS RT. 37
THERESA, NY 13691

Ship to:

JEFF FREDRICK
38422 NYS RT. 37
THERESA, NY 13691

| Customer ID | Customer PO | Payment Terms | |
|--------------|--------------------|---------------|----------|
| FREDRICK BRO | RETORT 50% DEPOSIT | Net 30 Days | |
| Sales Rep ID | Shipping Method | Ship Date | Due Date |
| JE | BEST WAY | | 5/27/22 |

| Quantity | Description | Unit Price | Amount |
|------------------------|--|------------|------------------|
| 0.50 | 50% DEPOSIT ON KMH 1100-200 CREMATION UNIT | 95,000.00 | 47,500.00 |
| Subtotal | | | 47,500.00 |
| Sales Tax | | | |
| Total Invoice Amount | | | 47,500.00 |
| Payment/Credit Applied | | | |
| TOTAL | | | 47,500.00 |

Check/Credit Memo No:

JEFFREY FREDERICK
JULIE FREDERICK
38422 STATE ROUTE 37
THERESA, NY 13691

1939
50-7135/2213

Pay to the
Order of

Keller Manufacturing

4/29/22 Date

\$ 47,500.00

Forty seven thousand five hundred and 00/100 Dollars



WATERTOWN SAVINGS BANK

VOID AFTER 90 DAYS



For KmH 1100-200

Julie Frederick

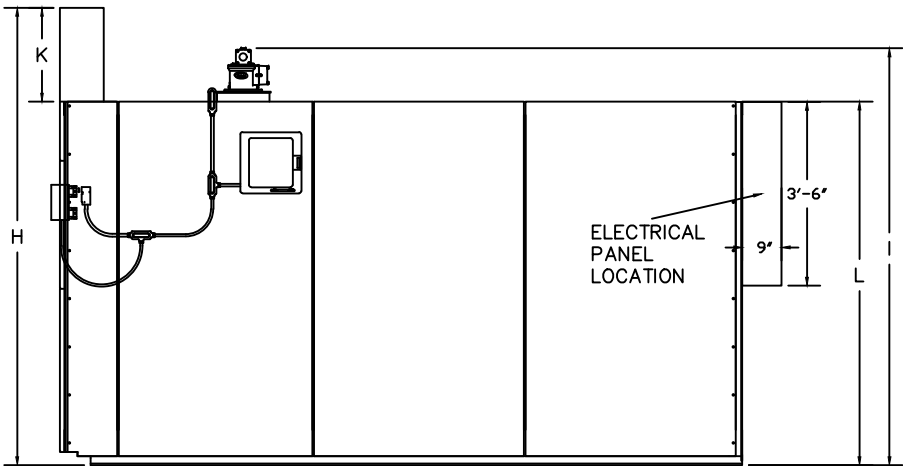
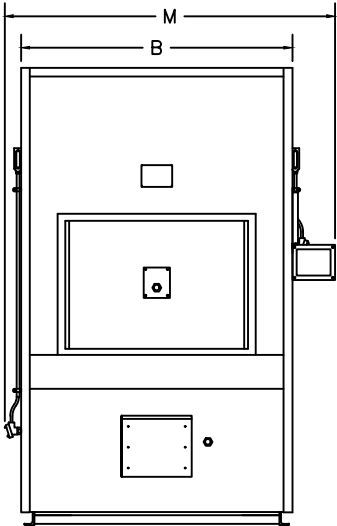
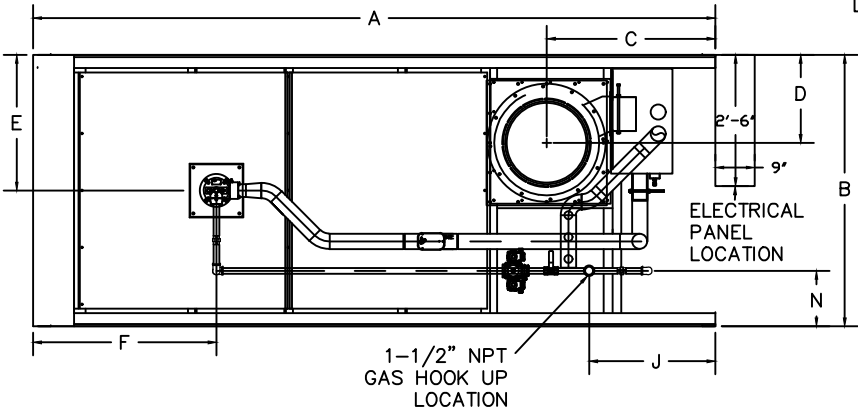
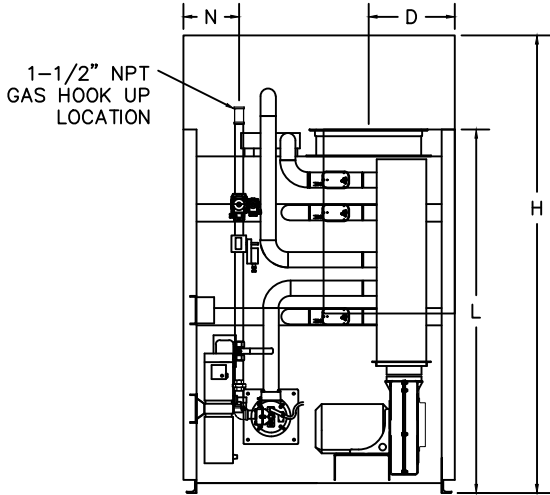
MP

⑆221371356⑆ 0412035200⑈ 1939

| ELECTRICAL | |
|-------------------|--|
| VOLTAGE | 220/440 VOLTS |
| PHASE | SINGLE OR 3 PHASE |
| FREQ. | 50/60HZ |
| AMPS | 1 PHASE 70 AMP\3 PHASE 230v\40AMPS 440v\20AMPS |
| CHAMBER VOL. | |
| PRI. CHAMBER VOL. | 73 CF (2.07 CM) |
| SEC. CHAMBER VOL. | 71 CF (2.01 CM) |

| GAS | |
|----------------------|-------------------------------|
| NATURAL GAS PRESSURE | 12"TO 15"W.C.(304MM TO 381MM) |
| PROPANE PRESSURE | 11"W.C. (288MM) |
| FLOW RATE | 2,000,000 BTU/HR |
| GAS HOOK UP | 1-1/2" NPT |
| REQUIRED CLEARANCES | |
| SIDES | 24" |
| REAR | 39" |
| TOP | 24" |
| AROUND STACK | 8" |

| MACHINE DIMENSIONS | |
|--------------------|--------|
| A | 157.00 |
| B | 62.00 |
| C | 38.50 |
| D | 19.875 |
| E | 31.00 |
| F | 42.375 |
| G | 67.125 |
| H | 104.50 |
| I | 95.25 |
| J | 30.00 |
| K | 21.375 |
| L | 83.00 |
| M | 75.50 |
| N | 14.50 |



| | | | |
|--|-----------|------------|---|
| KELLER MANUFACTURING 4442 HOLDEN ROAD LAKELAND, FL. 33811 863-937-8928 | DRAWN BY: | DATE | KMH-1100-200 MACHINE SPECIFICATIONS |
| | CHECKED | DATE | |
| | BLK | | |
| THIS DRAWING IS THE PROPERTY OF KELLER. REPRODUCTIONS ARE RELEASED ONLY FOR PURCHASING PURPOSES ONLY. RELEASE OF DRAWINGS TO OTHERS DOES NOT ALLOW LICENSING IN ANY WAY. | | JOB NO. | TITLE MACHINE SPECIFICATIONS |
| | | MODEL NO. | |
| | | KMH | |
| | | PLOT SCALE | SIZE SHEET REV. |
| | | NTS | |
| | | | |



Account: FBC CHECKING

Date: 12/21/2022

[illegible]

EXHIBIT D

FREDERICK BROS. CREMATORY, INC.

(315) 628-4451 (office)

(315) 628-5680 (fax)

38422 NYS Route 37

Theresa, NY 13691

October 19, 2022

Members present:

President Alan Sedam

Secretary / Treasurer Julie Frederick

Trustee Jamie Taylor

Trustee Chris Sanchez

The meeting was called to order at 6:00 pm by President Alan Sedam.

The minutes of the previous meeting were read and approved.

Old Business

No old business

Treasure's Report

The September 30, 2022 bank statements show a balance in the savings account to be \$81,429.36 and in the checking account \$ 19,647.36.

New Business

Joy Frederick has made a verbal notification that she has resigned from the board as Vice President. Discussion followed. Jamie Taylor made a motion to accept her resignation. This was seconded by Chris Sanchez. All in favor.

The secretary previously emailed an October 17, 2022 email from Kerry Forezzi, Department of State Division of Cemeteries with a link to the Attorney General's Conflict of Interest Policies Not for Profit Law General Document for their information only. All have acknowledged receipt of the email.

As the crematory By Laws are dated the Secretary requests they be reviewed by the Board. Following discussion this matter will be tabled until the next meeting so that copies of the current By Laws can be distributed to everyone.

Jeffrey Frederick has personally paid \$ 47,500 to Keller Manufacturing towards the purchase of a new cremation unit. As we have been informed by Kerry Forezzi that the crematory must be the purchaser Mr. Frederick needs to be repaid.. The Secretary has spoken with Christine Powers at Watertown Savings Bank regarding a loan on new equipment with that equipment being collateral. She received an email stating the bank would be willing to offer a 7% loan over a five year period. Mr. Frederick is asking for 6% over a two year period. As the President and Secretary have a conflict in this matter they excused themselves from the room so Mr. Taylor and Mr. Sanchez can discuss the matter. Following their discussion Mr. Sanchez made a motion to pay Mr. Frederick

directly from the General Funds at 6% interest over twenty four months. Mr. Taylor seconded the motion. Motion approved with two affirmative votes and two abstentions (Mr. Sedam and Mrs. Frederick).

The cremation unit will be 100% owned by the crematory and will not be included in the new rental lease.

A letter from Joy Sedam was distributed earlier and read to the Board regarding renewal of the lease between Frederick Bros. Funeral Home, Inc. and Frederick Bros. Crematory, Inc. In regards to the labor, she is requesting \$180 per cremation which breaks down to approximately \$30 per hour.(includes receiving cremains, doing related paperwork, cremation, processing, packaging and delivery to the USPS when necessary) She is also requesting \$3500 for rent (excluding the cremation units, hydraulic table and cremains processor) and \$2500 for the items listed in the lease agreement. The Board reviewed the discussions with Chris Palmer, Realtor who was unable to find comparables as all of the funeral home / crematory operators he contacted refused to discuss the matter with him. Also, an email sent by Donald Coon, Certified General Real Estate Appraiser (not a commercial appraiser, as we were unable to find one) and communication with Kathy Piddock, CPA. Mr. Sedam and Mrs. Frederick were in conflict with this and left the room for Mr. Taylor and Mr. Sanchez to discuss. Following their discussion Mr. Taylor made a motion to accept the terms of the lease agreement for one year. This was seconded by Mr. Sanchez. Motion carried with two affirmative votes and two abstentions.

Mr. Sedam noted that the current policy of cremating individuals up to 450# was a challenge because funeral homes were bringing decedents who weighed more than the maximum. He requested that we change our maximum to 400# to prevent the funeral homes from bringing remains that exceed the machine's capacity. A motion was made by Mr. Taylor and seconded. All were in favor.

Chris Sanchez made a motion to adjourn the meeting. Meeting adjourned at 6:50 pm.

Julie Frederick
Secretary

EXHIBIT E



Division of Cemeteries

New York State
Department of State
DIVISION OF CEMETERIES
One Commerce Plaza
99 Washington Avenue
Albany, NY 12231-0001
Telephone: (518) 474-6226
www.dos.ny.gov

SCHEDULE C: RELATED PARTY TRANSACTIONS

Provide the name(s) of the related party or related parties involved in any aspect of this application:
First Name and Last Name or Company Name

Alan Sedam

Julie Frederick

Jeffrey Frederick

Describe how these people are "related parties" (for example, if the contractor providing the cement work is the cemetery's President's sister, explain that):

Alan Sedam is Joy Sedam's husband

Julie Frederick is Joy Sedam's mother

Jeffrey Frederick loaned the Cemetery \$47,500 towards the purchase of a new cremation unit. Terms are 2 years @ 6% repayment

Attach:

- The cemetery's conflict of interest policy *and*
- The most recent conflict of interest disclosures each officer, director, and key person has filed.
- Board minutes of the discussions and approvals of the related party transaction. These minutes must show:
 - the related parties did not participate in the discussion of the transaction;
 - the board considered alternatives to using the related party;
 - an explanation of why the transaction was approved (in other words, why did the cemetery decide to do business with the related party); and
 - the related party did not participate in debate or vote.

The Not-for-Profit Corporation Law provides some exceptions for the rules on related party transactions. For purposes of this application, if any of the cemetery's officers, directors, or key person would be related parties, but you believe one of the exceptions applies, provide a written explanation of why there is an exception.

Nonprofit Conflict of Interest Policy

Name of Organization: Frederick Bros. Crematory, Inc. (the "Organization")

Article 1 - INTRODUCTION:

The Organization is committed to observing the highest standards of ethical conduct in its operations and expects its directors, officers, and employees to do the same. The Board of Directors (the "Board," "Directors," or singularly, "Director") of the Organization has adopted this Nonprofit Conflict of Interest Policy (the "Policy") to ensure that the Organization remains committed to its charitable purpose.

Article 2 - PURPOSE:

The purpose of this Policy is to protect the Organization's interest when it is considering a transaction that might privately benefit a director, officer, or other senior decision-maker, as well as to avoid any excess benefit transactions.

This Policy is also intended to ensure that the Organization continues to operate in accordance with its tax-exempt purpose.

Article 3 - DUTY OF LOYALTY:

Directors, officers, governing committee members, and certain senior management, including those acting as principals for the Organization (referred to as "Interested Parties" or singularly, "Interested Party"), owe the Organization a duty of loyalty. Such duty of loyalty requires Interested Parties to avoid using their position with the Organization for personal advantage or gain. Interested Parties must also avoid any action, including voting, if applicable, where the Interested Party's personal interest, including financial interest, could conflict with the interests of the Organization.

Article 4 - DEFINITIONS:

a. Conflict of Interest: A conflict of interest occurs when an Interested Party has an interest in any matter involving the Organization that directly or indirectly conflicts with the interests of the Organization. Specifically, conflicts of interest can occur when Interested Parties have competing financial interests or personal relationships in opposition to the Organization (referred to as "Direct Conflicts of Interest"), or are related to someone with a competing financial interest or opposing personal relationship (referred to as "Indirect Conflicts of Interest"). The Interested Party may be related by blood, marriage, or business affiliation. Conflicts of interest may also arise where an Interested Party has decision-making authority in an entity that may be involved in a business relationship or financial transaction with the Organization.

The following examples of potential conflicts of interest are to be considered illustrative, but non-exhaustive:

- a. When an Interested Party stands to personally benefit financially through a transaction the Organization may be involved with;
- b. When an Interested Party has an ownership interest, including through investment, in another entity with which the Organization intends to transact or do business;
- c. When an Interested Party enters or maintains an agreement to be compensated by the Organization (for the purposes of this clause, Directors who are also employees of the Organization may have a conflict in certain situations, such as voting on compensation);
- d. When an Interested Party joins or creates a competing organization;
- e. When an Interested Party or an entity in which an Interested Party has an ownership interest competes with the Organization in a purchase, sale, contract bid, or other interest or service;
- f. When an Interested Party utilizes confidential information belonging to the Organization for any reason that is not related to the Interested Party's work for the Organization, such as personal profit or for the benefit of another entity;
- g. When an Interested Party uses the Organization's resources for any competing interest; or
- h. When an Interested Party participates in decision-making or negotiations for the Organization in a matter in which the Interested Party, a person related to the Interested Party, or an entity in which the Interested Party has an ownership interest is also involved.

b. Potential Conflict of Interest: A potential conflict of interest occurs when an Interested Party recognizes that a conflict of interest may take place if ameliorating action is not taken. Potential conflicts of interest do not always lead to actual conflicts of interest. Interested Parties that have a potential conflict of interest will need to follow the procedures outlined in the Conflict Disclosure section below. The Organization seeks to avoid the appearance of impropriety, as even potential conflicts of interest can be damaging to the Organization's reputation. Therefore, all potential conflicts of interest must be treated with due care and disclosed according to the procedures outlined here.

Article 5 - CONFLICT DISCLOSURE:

- a. Disclosure. Any individual who suspects a conflict of interest or potential conflict of interest might arise with respect to any activity is obligated to disclose such conflict or potential conflict to the Board as soon as practicable so that the situation may be

evaluated. Interested Parties are not to unilaterally assess conflicts. Interested Parties must disclose at least all of the following details to the Board, but in any case, enough information for the Board to obtain a clear picture of the potential conflict:

- a. All material facts;
 - b. Any potential or existing financial interest;
 - c. Any potential or existing competing interests; even if not financial;
 - d. Any self-dealing or potential self-dealing.
- b. Disclosure of conflicts of others. If any individual becomes aware of a potential conflict of interest involving another party, that individual must report such potential conflict to the Board immediately.
- c. Party for disclosure. Disclosure can be made to the Chairperson of the Board or the entirety of the Board.
- d. Recusal. Interested Parties must also notify the Board when they intend not to attend a meeting of the Board or a committee based upon their belief that the Board or Committee will vote or act regarding a matter in which the Interested Party may have a conflict.
- e. Any person with a conflict may not improperly influence deliberations or bring on the matter given rise to such conflict.

Article 6 - CONFLICT PROCEDURES:

- a. Interested Parties shall disclose potential conflicts of interest to the Board as soon as is practicable after becoming aware of the potential conflict, as described above. Interested Parties are also required to complete an annual disclosure form to describe any ongoing interest that may create a conflict.
- b. Evaluation. After the Board receives any potential conflict or conflict disclosure from an Interested Party, the Board may request follow-up discussions or additional information. At this point, the Board will decide whether an actual conflict exists and whether it involves financial interest, material competition, self-dealing, or any other type of conflict. The Interested Party shall be screened from any discussions or voting regarding the conflict. The Board may fully determine the issue on a vote or may refer it to a specialized committee for additional investigation. Evaluation of conflicts is made on a case-by-case basis.
- c. Factors for consideration. The Board may consider any factor it wishes in determining whether a conflict exists. Some of the factors for consideration may include:

- Whether the Interested Party's financial interest is minimal, in relation to the transaction
- How involved the Interested Party is with the other entity involved in any transaction with the Organization
- The degree to which the Interested Party could personally benefit from the transaction or relationship at issue

d. Determination of self-dealing. If the Board or committee determines that an actual conflict exists, the Board or committee must also determine whether a self-dealing transaction is at issue. If so, the entirety of the Board must vote on whether to approve the transaction, and the transaction must be approved by a greater vote than other Board actions. In other words, if the Board generally approves actions via a simple majority, a greater vote than this is needed to approve a self-dealing transaction. Approval of compensation for a director acting as director or officer shall not be considered a self-dealing transaction.

e. Determination of transactional conflict. If the Board or committee determines that an actual conflict exists involving a financial transaction or arrangement, but it is not self-dealing, the Board will consider alternative scenarios that would not present a conflict. If the Board determines an appropriate alternative exists, the Board shall pursue that avenue. If an appropriate alternative does not exist, the Board shall determine whether the original proposed course of action is in the Organization's best interest and take a vote on such issue, in which a majority is required.

f. Determination of other conflict. In any other scenario in which the Board or committee determines a conflict exists, the Board or committee shall recommend a reasonable and appropriate course of action to protect the Organization. The governing body shall discuss the issue and determine how best to proceed forward.

g. A director, officer or key person must disclose his or her interest in a transaction, agreement or arrangement before the board enters into that relate party transaction.

Article 7 - POLICY VIOLATIONS:

If an Interested Party fails to disclose any potential or actual conflict, the Board shall first request an explanation from the Interested Party. The Board may then determine appropriate action, including disciplinary action if required.

Article 8 - RECORDS:

The Board or relevant committee shall retain all records of discussions and votes regarding any presented conflict or potential conflict. The records must specifically include:

- a. The name of the Interested Party or Parties;
- b. How the conflict was brought to the attention of the Board (whether disclosed or found out);
- c. The nature of the possible conflict, including financial interest involved;
- d. The Board or committee's actions regarding fact-finding and investigation on the conflict or potential conflict;
- e. The Board or committee's discussions, decision, and vote;
- f. The names of all parties present for any discussion or votes.

Article 9 - ABSTENTION FROM VOTES ON COMPENSATION:

No Board member who is compensated for their services towards the Organization may vote on their own compensation.

Article 10 - ANNUAL STATEMENTS:

All individuals required to abide by this Policy must sign a statement each year attesting that they have received a copy of the Policy, they read and understand the Policy, they agree to comply with the Policy, and they understand the Organization's maintenance of its charitable activities and federal tax exemption depends on its undertaking primarily of activities that support its charitable purpose.

Any individual that believes they have ongoing relationships or interests that may present a conflict must also make an annual disclosure, as described above, and is responsible for updating such disclosure upon the occurrence of any material change.

Article 11 - REVIEWS:

The Organization will periodically review certain subjects to maintain alignment with its charitable purposes. The review shall include at least:

- a. Compensation and benefit arrangements, to ensure they are reasonable and formalized through arm's length bargaining;
- b. Transactional arrangements, including partnerships or joint ventures, to ensure they are in line with the Organization's policies and do not confer a private benefit on any party or result in an excess benefit transaction; and
- c. Compensation reviews of the President and Chief Financial Officer of the Organization.

The Organization may use outside advisors to conduct the above reviews, but responsibility for the reviews ultimately lies with the Board.

This Policy is intended to supplement but not replace any state and federal laws governing conflicts of interest applicable to nonprofit and charitable organizations.

Certification: Jeffrey Frederick, as President of Frederick Bros. Crematory, Inc. and Julie Anne Frederick, as Secretary, do certify this is a true and correct copy of the Organization's Conflict of Interest Policy and that this Policy was adopted by the Board on July 28th, 2022.

President Signature: 

Secretary Signature: 

ANNUAL CONFLICT OF INTEREST FORM

The undersigned, as sec./treas. (director, officer position, manager, principal, committee member, or key employee) of Frederick Bros. Crematory, Inc. acknowledges:

1. he or she has received a copy of the Organization's Conflict of Interest Policy;
2. he or she has read and understands the Policy;
3. he or she has agreed to comply with the Policy;
4. the following on-going interests may present a conflict of interest (please describe - if not applicable write "N/A" or leave blank):

I am the mother of Jay Adam

Signature: Julie Frederick

Name: Julie Frederick

Title: Sec./Treas.

Date: September 26, 2022

ANNUAL CONFLICT OF INTEREST FORM

The undersigned, as President (director, officer position, manager, principal, committee member, or key employee) of Frederick Bros. Crematory, Inc. acknowledges:

1. he or she has received a copy of the Organization's Conflict of Interest Policy;
2. he or she has read and understands the Policy;
3. he or she has agreed to comply with the Policy;
4. the following on-going interests may present a conflict of interest (please describe - if not applicable write "N/A" or leave blank):

I am married to Jay Sedam.

Signature: 

Name: Alan Sedam

Title: President

Date: Sept. 26, 2022

ANNUAL CONFLICT OF INTEREST FORM

The undersigned, as Board Member (director, officer position, manager, principal, committee member, or key employee) of Frederick Bros. Crematory, Inc. acknowledges:

1. he or she has received a copy of the Organization's Conflict of Interest Policy;
2. he or she has read and understands the Policy;
3. he or she has agreed to comply with the Policy;
4. the following on-going interests may present a conflict of interest (please describe - if not applicable write "N/A" or leave blank):

Signature: Chris M. Sanchez

Name: Christopher Marc Sanchez

Title: Board Member

Date: 26 September 2022